

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

85 APR 28 PM 7:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **713464** (6)

1. Corporation Name

**FLORIDA ORAL EDUCATION FOR THE HEARING IMPAIRED,
INC., A STATE**

Principal Place of Business

Mailing Address

9132 FRYLAND RD
ORLANDO FL 32817

9132 FRYLAND RD
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1967

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2126665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, FREIDA S
9132 FRYLAND RD
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Monique Masclet

Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	LAWRENCE, ROBERTA
STREET ADDRESS	3757 S ATLANTIC AVE #104
CITY - ST - ZIP	DAYTONA BCH SHORES FL
TITLE	VD
NAME	GAY, FREIDA S
STREET ADDRESS	9132 FRYLAND RD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	NARDANDREA, IRENE
STREET ADDRESS	43 RICE AVE
CITY - ST - ZIP	DELAND FL
TITLE	PD
NAME	CASSELL, MARYANN
STREET ADDRESS	104 PERRY AVE.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	SD
NAME	SIMMONS, KAY
STREET ADDRESS	806 HASTINGS DR
CITY - ST - ZIP	KISSIMEE FL
TITLE	D
NAME	MASCLET, MONIQUE
STREET ADDRESS	5151 KING AVE
CITY - ST - ZIP	ZELLWOOD FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MONIQUE MASCLET

Treasurer

4/24/95 886-0807

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(Type Name)